



City of Torrance, Community Services Department RECREATION FACILITY REQUEST/APPLICATION

Application for Use of Sports Fields

PLEASE COMPLETE AND RETURN ALL THREE COPIES TO:

City of Torrance
Community Services Department/Facility Booking Office
3031 Torrance Boulevard, Torrance, CA 90503
(310) 618-5982 • Fax (310) 781-7598

NOTE TO APPLICANT: Please type or print firmly using a ball point pen. Any person applying for the use of City property on behalf of any society, group or organization must present satisfactory credentials to the Community Services Department representative in charge of permits, prior to the filing of such applications.

Date of Application: _____

1. Name of Representative: _____ Hm. Phone: _____ Wk. Phone: _____
Address: _____ City: _____ Zip Code: _____
2. Name of Organization: _____ Wk. Phone: _____
Address: _____ City: _____ Zip Code: _____
3. Name of Alternate Representative: _____ Phone: _____
4. Type of Organization: ☐ Resident ☐ Non-Resident ☐ Private ☐ Commercial
☐ Non-Profit 501(c)3 # _____
5. Specify Location: * _____
6. Day/Date Requested: * _____, _____, _____
(1st Choice) (2nd Choice) (3rd Choice)
OR continuous dates from: _____ to: _____ inclusive.
7. Time Requested: * _____ A.M./P.M. to _____ A.M./P.M. Total Number of Hours: _____
8. Type of Activity: _____
9. Estimated Attendance: _____
10. Group is responsible for observing all Park Rules and Regulations and for maintaining an acceptable standard of behavior; failure to do so may result in the cancellation of the permit. *Initial:* _____
11. Signature of Person Requesting Reservation: _____

**If more than one facility/season is requested, please include both on a separate attachment.*

The above application ☐ IS ☐ IS NOT granted.
John Jones, Community Services Director

By: _____ Date: _____

WHITE-File YELLOW-User PINK-Park Staff